

Cough and Cold Product Coverage

Effective March 19, 2007

Over-the-Counter (OTC) Covered Products

OTC products do not require prior approval. Quantity limits and age restrictions may apply.
Brand name products for which there are generic equivalents may not be covered.

OTC PRODUCTS	DOSAGE FORM	STRENGTH
DIPHENHYDRAMINE HCL	CAPSULE	25MG
DIPHENHYDRAMINE HCL	CAPSULE	50MG
DIPHENHYDRAMINE HCL	SYRUP	12.5MG/5ML
DIPHENHYDRAMINE HCL	LIQUID	12.5MG/5ML
PSEUDOEPHEDRINE HCL	TABLET	30MG
PSEUDOEPHEDRINE HCL	DROPS	9.4MG/ML
PSEUDOEPHEDRINE HCL	LIQUID	15MG/5ML
PSEUDOEPHEDRINE HCL	SYRUP	30MG/5ML
GUAIFENESIN	SYRUP	100MG/5ML
GUAIFENESIN	LIQUID	100MG/5ML
GUAIFENESIN/D-METHORPHAN HB	DROPS	100-5/2.5
GUAIFENESIN/D-METHORPHAN HB	SYRUP	200-10MG/5
GUAIFENESIN/D-METHORPHAN HB	LIQUID	200-10MG/5
GUAIFENESIN/D-METHORPHAN HB	LIQUID	100-10MG/5
GUAIFENESIN/D-METHORPHAN HB	SYRUP	100-10MG/5
GUAIFENESIN/CODEINE PHOS	SYRUP	100-10MG/5
P-EPHED HCL/BROMPHENIRAMIN	ELIXIR	15-1MG/5ML
D-METHORPHAN HB/P-EPD HCL/BPM	ELIXIR	5-15-1MG/5
GUAIFEN/DM HB/P-EPHEDRINE	DROPS	5-15MG/2.5
GUAIFEN/DM HB/P-EPHEDRINE	SYRUP	100-10-30
D-METHORPHAN HB/P-EPHED HCL	ELIXIR	10-20MG/5
D-METHORPHAN HB/P-EPHED HCL	LIQUID	15-30MG/5
D-METHORPHAN HB/P-EPHED HCL	DROPS	2.5-7.5/.8
D-METHORPHAN HB/P-EPHED HCL	SYRUP	7.5-15MG/5
GUAIFENESIN/P-EPHED HCL/COD	SYRUP	100-30-10
P-EPHED HCL/COD/CHLORPHENIR	LIQUID	30-10-2/5
GUAIFENESIN/P-EPHED HCL	SYRUP	50-15MG/5
GUAIFENESIN/P-EPHED HCL	SYRUP	100-30MG/5

Rx Preferred Products

Rx products that require prior approval may be approved for cough secondary to severe and uncontrolled COPD, bronchitis, or cancer-related cough that is not subdued by other agents. These items will not be covered for cough due to cold.

Rx products not listed below will only be approved for treatment of cold symptoms if a patient has tried and failed a covered OTC Product, or the physician provides justification for use of the product without a trial of a covered OTC Product.

RX PRODUCTS	DOSAGE FORM	STRENGTH
GUAIFENESIN/CODEINE PHOS	LIQUID	100-10MG/5
GUAIFENESIN/HYDROCODONE BIT*	SYRUP	100-5MG/5
HYDROCODONE/CHLORPHEN POLIS*	SUS.12H SR	10-8MG/5ML
BENZONATATE	CAPSULE	100MG
BENZONATATE	CAPSULE	200MG

* Requires Prior Approval